

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of

YASUDA et al.

Application Number: 10/767,778

Filed: January 30, 2004

For: FILE REPLICATION METHOD FOR DISTRIBUTED
FILE SYSTEMS

ATTORNEY DOCKET NO. NITT.0180



Art Unit 2162

Examiner
Jami, Hares

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	21	21	2 (Over 20)	x \$50	0
Independent Claims	4	4	3 (Over 3)	x \$210	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$370	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	0

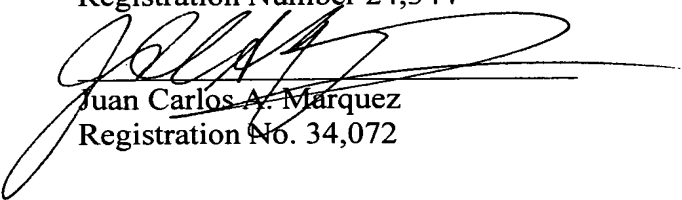
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Response and Preliminary Amendment
(with Claim Amendments) | <input type="checkbox"/> Petition for Extension of Time (months) |
| <input type="checkbox"/> Substitute Spec. & marked-up copy | <input type="checkbox"/> Information Disclosure Statement |
| <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Letter to Draftsperson w/ ___ sheets of
replacement drawings |
| <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> RCE |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$810.00** to cover the RCE fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

Stanley P. Fisher
Registration Number 24,344


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3110 Fairview Park Drive
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June 30, 2008

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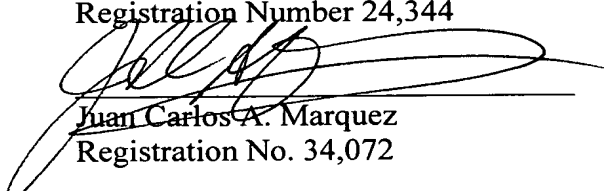
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